

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:
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Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the **Office of Public Records in 232 Hart Building.**

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☒ The **original** *Employee Pre-Travel Authorization* (Form RE-1), **AND**
- ☒ A **copy** of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): The Everglades Foundation, Inc.

Travel date(s): October 10-11, 2019

Name of accompanying family member (if any): _____

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input checked="" type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount	\$162.5 (shuttle bus)	\$151.42	\$65.59	\$54.50 (airboat)

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount	N/A	N/A	N/A	N/A

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): See attached itinerary.

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11-5-19
(Date)

Eleni Valanos
(Printed name of traveler)

[Signature]
(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

11-5-19
(Date)

[Signature]
(Signature of Supervising Senator/Officer)



7:00 pm Dinner briefing, Rincon Argentino, 2345 Douglas Rd, Coral Gables, FL 33145:
Building on 2018 Everglades Restoration Progress and Future Everglades Restoration Goals. Geoff Mullins will discuss the next steps to Everglades restoration. They will go over the project goals for the next decade that will bring the restoration project to a new level, reconnect Lake Okeechobee to Florida Bay, project the water supply for south Florida, and the economy of the State.

Additional Participants:

The Everglades Foundation Board Members

Geoff Mullins, The Everglades Foundation

Dr. Kristie Wendelberger, The Everglades Foundation

9:00 pm Eleni Valanos departs privately sponsored travel.

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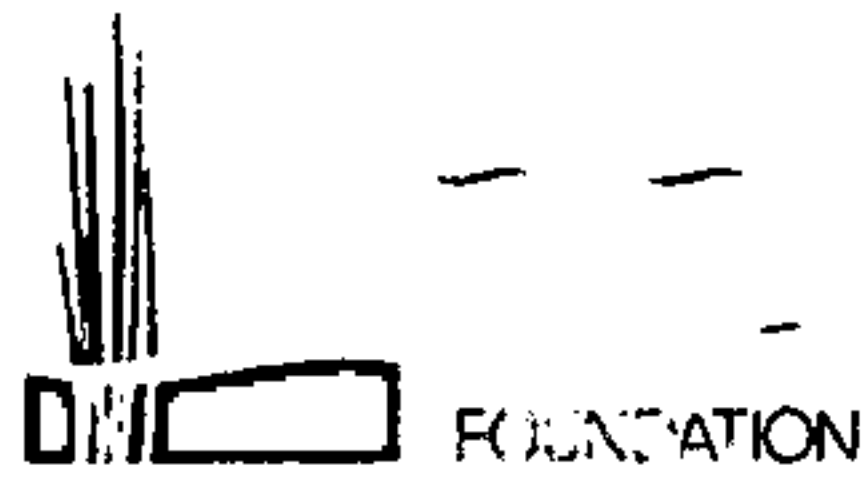
— *Journal of the American Medical Association*, 1997

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

Figure 1. The effect of the number of trials on the number of correct responses. The number of correct responses was plotted against the number of trials for each condition. The number of correct responses increased with the number of trials for all conditions. The number of correct responses was highest for the condition with the highest number of trials (10 trials) and lowest for the condition with the lowest number of trials (2 trials).

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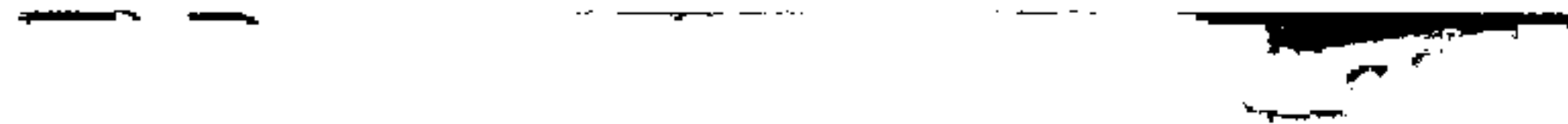


YOU ARE CORDIALLY INVITED TO

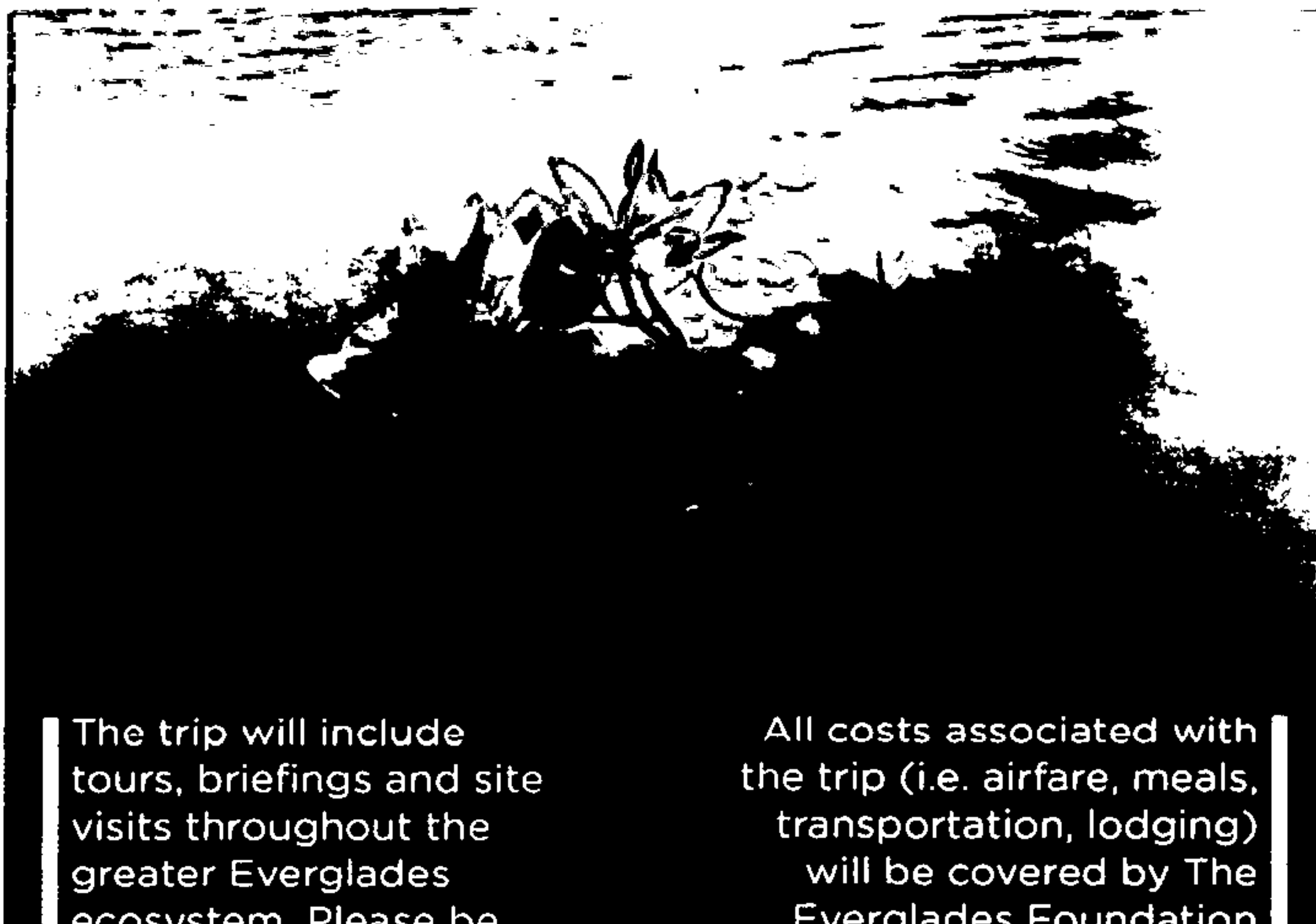
EXPERIENCE AMERICA'S EVERGLADES

JOIN US FROM

OCT • **9-12** • 2019



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The trip will include tours, briefings and site visits throughout the greater Everglades ecosystem. Please be

All costs associated with the trip (i.e. airfare, meals, transportation, lodging) will be covered by The Everglades Foundation.

**18001 Old Cutler Road, Suite 625
Palmetto Bay, FL 33157
Office: 305.251.0001
Cell: 703.615.3330
evergladesfoundation.org**



EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the **Select Committee on Ethics in SH-220**. Incomplete and late travel submissions will **not** be considered or approved. This form **must** be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler: Eleni Valanos

Employing Office/Committee: U.S. Senator Marco Rubio (R-FL)

Private Sponsor(s) (list all): The Everglades Foundation, Inc.

Travel date(s): October 9-11, 2019

*Note: If you plan to extend the trip for any reason you **must** notify the Committee.*

Destination(s): Miami, Florida

Explain how this trip is specifically connected to the traveler's official or representational duties:

Eleni Valanos works on issues related to Everglades restoration, including Army Corps of Engineers, environment, natural resources and related appropriations for Senator Marco Rubio (FL). This educational trip will provide Eleni with firsthand knowledge of the greater Everglades ecosystem which will assist in efforts to create good public policy on behalf of the constituents of Florida.

Name of accompanying family member (if any): _____

Relationship to Employee: ☐ Spouse ☐ Child

I certify that the information contained in this form is true, complete and correct to the best of my knowledge:

9.9.19
(Date)


(Signature of Employee)

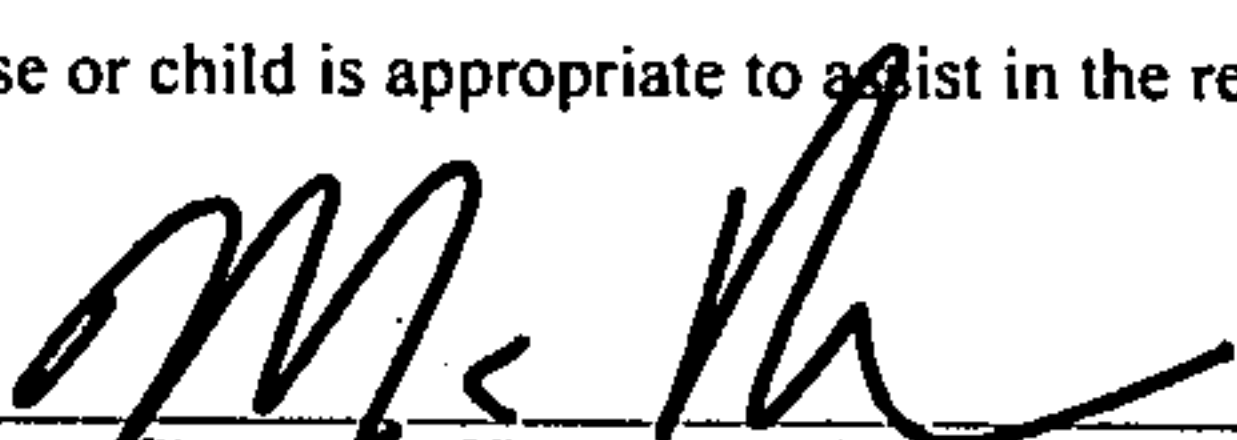
TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Secretary for the Majority, Secretary for the Minority, and Chaplain):

I, Senator Marco Rubio hereby authorize Eleni Valanos
(Print Senator's/Officer's Name) (Print Traveler's Name)

an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.

I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate. (signify "yes" by checking box) ☐

9.9.19
(Date)


(Signature of Supervising Senator/Officer)